

Welders Name: _____
 WPS Used: _____
 Base Metal: _____

 Identification Number: _____
 Test Coupon: _____
 Thickness: _____

	Actual Values	Range Values
Welding process	_____	_____
Type of Welder	_____	_____
Plate or Pipe	_____	_____
Base Metal	_____	_____
Filler Metal Spec	_____	_____
Filler Metal Class	_____	_____
Filler Metal	_____	_____
Consumable Insert	_____	_____
Filler Type	_____	_____
Position Qualified	_____	_____
Inert Gas Used	_____	_____
Voltage	_____	_____
Amperage	_____	_____
Transfer Mode	_____	_____
Welder Polarity	_____	_____
Cleaning Type	_____	_____

Welder and Welding Supervisor are responsible for the test coupons being prepared and welded in accordance with requirements of Section IX of the ASME Code.

Welding Supervisor: _____ Signature: _____

Location: _____

Results of Bend Test

 Visual Examination of Complete Weld: _____
 Type of Test: _____ Root or Face
 Code: _____ Result: _____

 Visual Examination of Complete Weld: _____
 Type of Test: _____ Root or Face
 Code: _____ Result: _____

Mechanical Test Performed by: _____ Signature: _____

Location: : _____

We certify that the statement in the record is correct and that the test coupons were tested in accordance with the requirements of Section IX of ASME Code.

 Date: _____ Organization: _____
 Name: _____ Signature: _____